

RECREATION DEPARTMENT
375 Merrimack St Room 7
Lowell, MA 01852

REGISTRATION/PERMISSION FORM

PLEASE USE PEN & PRINT CLEARLY

Tiny Tot Locations: (Circle One) SULLIVAN MCAULIFFE REILLY DALEY WANG 1 Form for each Participant

PARTICIPANT'S NAME: _____
(First) (Middle) (Last)

Address: _____ City: _____ Zip Code: _____

Home Number: _____ Work Number: _____ Cell Phone Number: _____

Sex: M _____ F _____ Date of Birth: _____ Age: _____

Medical Information:

THE FOLLOWING CONTACT MUST BE DIFFERENT THAN STATED ABOVE

Emergency Contact: _____
(Name) (Relationship)

(Address) (Telephone)

Family Doctor: _____ Medical Insurance Co.: _____

Telephone: _____ Policy #: _____

Please Answer all of the Following Questions

1. Are there any activities that would be harmful to the participant's physical or emotional health? Yes: _____ No: _____
If yes, explain: _____

2. Does the participant take any kind of medication? Yes: _____ No: _____
If yes,
explain: _____

3. Is the participant allergic to any medications or foods? Yes: _____ No: _____
If yes, explain: _____

4. Does the participant have any medical problems our staff should be aware of? Yes: _____ No: _____
If yes, explain: _____

I hereby give the person mentioned above permission to participate in the programs conducted by the City of Lowell Recreation Department. The Lowell Recreation Department **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of this program or due to falsification of any information on this form. Participants are encourage to speak with their doctor prior to enrolling in a program that includes activity to ensure they are able to safely participate.

I hereby give permission for emergency medical treatment to be administered to the person mentioned above by qualified medical personnel.

Parent/Guardian Signature: _____ Date: _____
(REQUIRED FOR PARTICIPATION)

**If your child is signed up for one of our day programs, please read
and fill out the following side of this sheet.**

The Lowell Recreation Department Day program is for children ages 5-10. A Birth Certificate may be checked if there is a question about your child's age.

For children to be allowed to participate in the day programs they must be dropped off and picked up by a parent/guardian. **NO BUS TRANSPORTATION IS PROVIDED.**

Parents must sign in the child at the time of drop off. The same parent MUST pick up the child and sign them out at the end of the day. Your child's safety is our priority, and we ask that you help us to ensure safety of all participants by planning in advance. The only adult allowed to sign out your child is the Emergency Contact on the reverse side of this form. Also you can add up to 3 names below for emergency pick up from the program. If a different person will be picking the child up, other than those listed on this form, then we need to have a written note at the time of drop off in order to accommodate this. If a parent will be doing drop off or pick up they must have their name on this form as either the Emergency Contact or one of the three names listed below.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

MEALS ARE NOT PROVIDED. THERE WILL BE A SNACK/LUNCH TIME EACH DAY. PLEASE PROVIDE FOOD AND DRINK FOR YOUR CHILD. ALSO, WE ASK THAT FAMILYS REFRAIN FROM ANY FOODS THAT CONTAIN NUTS.

Please be aware of the program Snow Day Policy as it concerns the park you are registering for. Some programs are inside, moved to other locations, or cancelled. You will be provided a copy of this policy the first day of the program.

All Participants must be 100% Potty/Toilet trained to participate in this program.

Being able to reach an emergency contact is very important to us and to the health of your child. Therefor, the failure to be able to reach a parent, or emergency contact can result in the removal of a child from the program.

Parent/Guardian Signature:_____ Date:_____
(REQUIRED FOR PARTICIPATION)